form 3160-5 December (1989)	DEPARTMEN	TED STATES IT OF THE INTERIOR LAND MANAGEMENT		FORM APPROVED Budget Bureau No. 1004–0135 Expires: September 30, 1990 5. Lease Designation and Serial No.
Do not use this for	SUNDRY NOTICES	AND REPORTS ON WELLS ill or to deepen or reentry to a or R PERMIT—" for such proposal	different reservoir. Is	6. If Indian. Allottee or Tribe Name
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation
1. Type of Well Coll Gas Well Other Coll Other Coll Coll Coll Coll Coll Coll Coll Col				- <u>8. Well Name and No.</u>
Texaco Inc. 3. Address and Telephone No.				9. API Well No.
			3002512067 10. Field and Pool, or Exploratory Area	
P.O. BOX 730, Hobbs, NM 88240 (505) 393-7191 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Rhodes Yates 7 R	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (65°) Unit Letter G, (1630) FNL & 1650' FEL Section 27, T-26-S, R-37-E				II. County or Parish, State
		s) TO INDICATE NATURE OF		RT. OR OTHER DATA
	UBMISSION		TYPE OF ACTION	
Notice of I	t Report	Abandonment Recompletion Plugging Back Casing Repair		Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
3. Describe Proposed or Comp give subsurface location	ndonment Notice pleted Operations (Clearly state all ons and measured and true vertice	Detrinent details, and give pertinent dates, inclue al depths for all markers and zones pertinent to	Recompletion Report a ding estimated date of starting	of multiple completion on Well Completion or ind Log form.)
 Describe Proposed or Comp give subsurface locator 04-16-91 Pressure 7" Mr. Jack Jo Request Shu Chart on re 	beted Operations (Clearly state all ons and measured and true vertice csg to 540 psi whnson (7" CIBP s ut-in well status overse side	Other pertinent details, and give pertinent dates, inclu- al depths for all markers and zones pertinent to for 15 min. Held o.k. set @ 2975'-Csg loaded w effective 04-05-90	(Note: Report results of Recompletion Report a ding estimated date of starting this work.)*	grity Test of multiple completion on Well Completion or and Log form.) g any proposed work. If well is directionally drille ed by BLM Representative
 B. Describe Proposed or Comp give subsurface located 04-16-91 Pressure 7" Mr. Jack Jo Request Shu Chart on re AFPROVE 	Deted Operations (Clearly state all ons and measured and true vertice csg to 540 psi ohnson (7" CIBP s ot-in well status overse side	Other pertinent details, and give pertinent dates, inclu- al depths for all markers and zones pertinent to for 15 min. Held o.k. set @ 2975'-Csg loaded w effective 04-05-90	(Note: Report results of Recompletion Report a ding estimated date of starting this work.)*	egrity Test of multiple completion on Well Completion or and Log form.) g any proposed work. If well is directionally drille ed by BLM Representative
 B. Describe Proposed or Comp give subsurface locator 04-16-91 Pressure 7" Mr. Jack Jo Request Shu Chart on re AFPROVE ENDING 	Deted Operations (Clearly state all ons and measured and true vertice csg to 540 psi ohnson (7" CIBP s ot-in well status overse side D FOR 12 MONTH 4/30/92	Other pertinent details, and give pertinent dates, inclu- al depths for all markers and zones pertinent to for 15 min. Held o.k. set @ 2975'-Csg loaded w effective 04-05-90	(Note: Report results of Recompletion Report a ding estimated date of starting this work.)*	egrity Test of multiple completion on Well Completion or and Log form.) g any proposed work. If well is directionally drille ed by BLM Representative
 Bescribe Proposed or Comp give subsurface locator 04-16-91 Pressure 7" Mr. Jack Jo Request Shu Chart on re AFPROVE ENDING I hereby certify that the for 	Deted Operations (Clearly state all ons and measured and true vertice csg to 540 psi ohnson (7" CIBP s ot-in well status overse side D FOR 12 MONTH 4/30/92 regoing is true and correct	Other pertinent details, and give pertinent dates, inclu- al depths for all markers and zones pertinent to for 15 min. Held o.k. set @ 2975'-Csg loaded w effective 04-05-90	(Note: Report results of Recompletion Report a ding estimated date of starting this work.)* Test witnesse /inhibited FW	egrity Test of multiple completion on Well Completion or and Log form.) g any proposed work. If well is directionally drille ed by BLM Representative
3. Describe Proposed or Comp give subsurface locator 04-16-91 - Pressure 7'' Mr. Jack Jo - Request Shu - Chart on re Chart on re ENDING 4. I hereby certify that the fo Signed The State of Féderal or	Detect Operations (Clearly state all ons and measured and true vertice csg to 540 psi ohnson (7" CIBP s ot-in well status overse side D FOR /2 MONTH H / 30 / 92 regoing is true and correct Muse State office use) Signad by Adam S.	Other	(Note: Report results of Recompletion Report a ding estimated date of starting this work.)* Test witnesse /inhibited FW	egrity Test of multiple completion on Well Completion or and Log form.) g any proposed work. If well is directionally drille ed by BLM Representative 04-05-90)

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